

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHFile No. 22761

Registered No. _____

1. PLACE OF DEATH

County Barren

Vot. Prec. _____

Registration District No. 40Inc. Town Glasgow, KyPrimary Registration District No. 2020

City _____

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Mc Mustrey - Harace

IF VETERAN, WHAT WAR? _____

(a) Residence, No. Summer Shade, Ky St. _____

Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mo.

ds.

How long in U. S., if of foreign birth?

yrs.

mo.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. Single, Married, Widowed
or Divorced, (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH May 21, 1928

7. AGE

Years

Months

Days

If LESS than
1 day hrs.
or min.93208. Trade, profession, or particular
kind of work done, as spinner,
sewer, bookkeeper, etc. _____9. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. _____10. Date deceased last worked at
this occupation (month and
year) _____11. Total time (years)
spent in this
occupation _____12. BIRTHPLACE Metcalf Co, Ky13. NAME N. L. Mc Mustrey14. BIRTHPLACE Metcalf Co, Ky15. MAIDEN NAME Hazel Grider16. BIRTHPLACE Metcalf Co, Ky17. INFORMANT N. L. Mc Mustrey(Address) Summer Shade, Ky

18. BURIAL, CREMATION, OR REMOVAL

Place Summer Shade, Ky Sept. 12, 192719. UNDERTAKER F. P. Williams & Co.(Address) Glasgow, Ky20. FILED 9-11-37LDH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept 11, 192722. I HEREBY CERTIFY, That I attended deceased from
Sept 9, 1927 to Sept 11, 1927I last saw him alive on Sept 11, 1927. Death is said
to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance
in order of onset were as follows:Septicemia 36-115
Septic ThroatContributory causes of importance not related to
principal cause:Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____23. If death was due to external causes (violence) fill in also the
following:

Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in
public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of

deceased? _____ If so, specify _____

(Signed) W. Howard M. D.(Address) Glasgow, Ky

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH 'IMPADING INK'—THIS IS A PERMANENT RECORD. Every item of information should be carefully examined. BE SURE TO WRITE EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCASION is very important. See instruction on back of certificate.

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